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FACSIMILE TRANSMISSION COVER SHEET

Date: December 14, 2004

To: United States Patent and Trademark Office
Examiner: Levi, Darnon E.; Art Unit: 2841

Fax: (703) 872-9306

Re: **Application Serial No.: 10/623,243**
Filing Date: 7/17/2003; First-Named Inventor: Alawani
Attorney Docket No.: 0140111

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 17

Message:

Enclosed please find the Response to the Final Office Action dated November 22, 2004.

Thank you.

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Attorney Docket No.: 0140111

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Alawani, et al.

SERIAL NO.: 10/623,243 FILED: July 17, 2003

FOR: Overmolded MCM with Increased Surface Mount Component Reliability

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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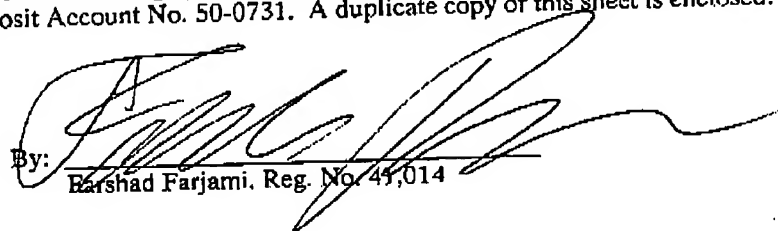
Attorney Docket No.: 0140111

- ☐ Total fee for Supplemental Information Disclosure Statement \$ _____
- ☐ Enclosed is the total fee of \$ ____ (Payment by Credit Card, Form PTO-2038 Enclosed).
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- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

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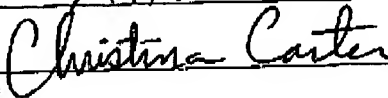

Farshad Farjami, Reg. No. 49,014CERTIFICATE OF FACSIMILE TRANSMISSION

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Date

12/14/04

Signature



Name of Person Performing Facsimile Transmission

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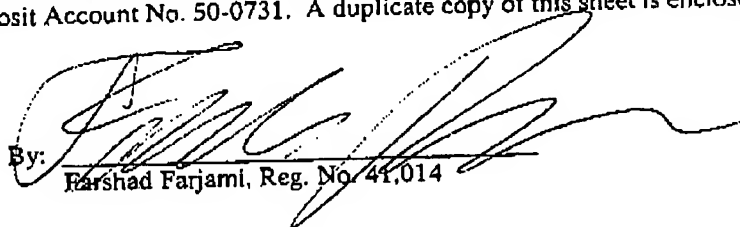
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Attorney Docket No.: 0140111

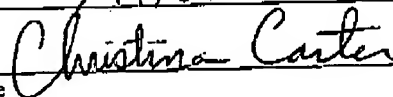
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Art Unit: 2841

Examiner: Levi, Dameon E.

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RESPONSE TO FINAL OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final* Office Action dated November 22, 2004 in the above-referenced patent application. Please consider the following remarks.